

Oklahoma Qualification System for ICS Positions Qualification Packet Submission Instructions

Certification Requirements

Individuals seeking qualification, certification, and credentialing in a NIMS Incident Command System Position pursuant to the Oklahoma Qualification System for Incident Command System Positions must meet the Position Qualification Requirements for that position which are found in Appendix A – Position Descriptions and Qualification Requirements.

To submit an ICS Position Qualification Application please follow the below steps:

Step 1 - Application

Complete the ICS Position Qualification Application. Ensure the application is complete and all requested information is provided.

Step 2 – Supporting Documentation

Gather supporting documentation and compile your Qualification Packet. <u>Please do not include any extraneous</u> <u>documentation</u>; it creates confusion and slows the process down. Additional documentation will be requested, if needed.

Step 3 - Review

Have someone review your ICS Position Qualification Application and Qualification Packet (supporting documentation) to make sure you have not overlooked anything, and it is a complete packet. Some recommended reviewers could be:

- Your supervisor or boss
- If you are a member of an IMAT or IMT have your team coordinator or team program manager review it
- Another individual qualified, certified, and credentialed in your ICS position
- Another individual qualified, certified, and credentialed in any ICS position
- NIMS ICS Instructor

Step 4 - Create PDF

Create a single PDF document that contains the ICS Position Qualification Application and Qualification Packet (supporting documentation). Please make sure all pages are right side up and oriented in the same direction.

When naming your document please use the following naming convention:

Applicant's Last Name_Applicant's First Name_ICS Position Title_QualificationPacket

Example: Barnes Frank PlanningSectionChief QualificationPacket

Step 5 - Submit

Submit your completed Qualification Packet via email to frank.barnes@okohs.ok.gov. OKOHS staff will respond that your application has been received. Your Qualification Packet will be reviewed at the next meeting of the Qualification Review Board (QRB).



Complete all six sections of the ICS Position Qualification Application. Ensure the application is complete and all requested information is accurate. Please print legibly or type in the requested information.

Section I: Applicant Contact Information ICS Position Seeking Qualification Applicant Name Sponsor Agency, Organization, or **Employer Mobile Phone Number Email Address Mailing Address** City, State, Zip Section II: Team Affiliation (IMAT or IMT) **Current IMAT/IMT Affiliation** (If Applicable) Team Coordinator(s) or Team **Program Manager's Name** (If Applicable) If not on a team, then applicant's immediate supervisor's name & mobile phone number



Section III: Required Training

List all completed required training for the ICS position you are seeking qualification. Required training for each ICS position can be found in Appendix A – Position Descriptions and Qualification Requirements. If more space is needed, then attach additional sheets. Attach a copy of the training certificate for each completed course.

Date Completed	Course/Class Title	Location
	1. IS-100: Introduction to the Incident Command System, ICS- 100	
	2. IS-200: Basic Incident Command System for Initial Response, ICS-200	
	3. ICS-300: Intermediate Incident Command System for Expanding Incidents	
	4. ICS-400: Advanced Incident Command System for Command and General Staff – Complex Incidents	
	5. IS-700: National Incident Management System, An Introduction	
	6. IS-800: National Response Framework, An Introduction	

☐ Check here if additional sheet(s) are attached.



Section IV: Experience - Record of Qualifying Incidents, Events, or Exercises

List qualifying incidents, events, or exercises at which you performed the ICS position for which you are seeking qualification. If more space is needed, then use and attach additional sheets. This list should match the ones found in your completed Position Task Book.

Name and Location – Incident, Event, or Exercise	Kind	Type	Position	Dates Engaged
☐ Check here if additional sheet(s) are	attached.	ı		
KIND: Enter whether it was a Full-Scale Exercise,		t. Planned	d Event. or Job I	Duties (performed as
part of day-to-day job duties).	,	,	,	" ,
Type : Enter the type of incident or planned even	t based on FEMA NIMS: Incid	lent Comi	olexitv Guide (2	021) – Tvpe 1. Tvpe
2, Type 3, Type 4, or Type.		•	, ,	, ,, ,,
Position : Enter the appropriate mnemonic or about or exercise.	breviation for the ICS position	n you per	formed during	the incident, event,
Section V:	Physical and Medical	Fitness	;	
Check the box of the physical/medical fitness le The required physical/medical fitness level for e Qualification Requirements.	vel required for the ICS pos	ition for v	which you are s	
☐ None Required				
☐ Light – Required to attach supporting docum Group (NWCG) Work Capacity Test	entation of completion of ap	opropriate	e National Wild	fire Coordinating
☐ Moderate – Required to attach supporting do Coordinating Group (NWCG) Work Capacity Test		of appro	priate National	Wildfire
☐ Arduous – Required to attach supporting doc	cumentation of completion o	of approp	riate National V	Vildfire Coordinating



Section VI: Application and Supporting Documentation Checklist

Application	
☐ ICS Position Qualification Application (This document)	
Required Training	
☐ Copies of training certificates for required training	
Position Task Book (PTB)	
☐ Copy of completed Position Task Book for the ICS Position	
Experience - Incident, Event, or Exercise Evaluations and Record	<u>d</u>
☐ Copies of completed Incident Personnel Performance Rating exercise. <u>All sections</u> must be complete, and the form signed.	(ICS-225) for each qualifying incident, planned event or
 Copies of completed Activity Logs (FEMA ICS-214) from assig exercises. Copies of supporting documents from qualifying incidents, exercises. 	
ICS 203 Organization Assignment Lists from the Incid	dent Action Plan
ICS 201 Incident Briefing Forms	
Completed Incident Action Plans	
Physical and Medical Fitness	
\square If required, copy of documentation showing successful comp Group (NWCG) Work Capacity Test	letion of appropriate National Wildfire Coordinating
Section VII: Applica	ant Signature
I verify that my application and supporting documents are true, a Qualification Requirements as stated in the Oklahoma Qualificat	
APPLICANT SIGNATURE DATE	DATE

or